

POST 9/11 EDUCATIONAL BENEFITS TRANSFERABILITY COMMITMENT AND STATEMENT OF UNDERSTANDING
(Title 38 U.S.C; Chapter 33)

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. Section 3013, Secretary of the Army; and Executive Order 9397 (SSN).

PURPOSE: Your personal information to include your SSN will be used to locate your application within the Transferability of Education Benefits (TEB) website and to verify enrollment eligibility. This record will be maintained by the Army National Guard in your Military Personnel Records Jacket.

ROUTINE USES: None. This record may not be disclosed outside of the Department of Defense other than for published routine uses.

DISCLOSURE: Disclosure is voluntary; however, failure to provide your information may result in the inability for us to process your application.

1. SERVICE MEMBER AND COMMAND INFORMATION (Print or Type)

a. Name (Last, First, Middle Initial)	b. Social Security Number:	c. Current Service Status (Check One): MDAY: <input type="checkbox"/> AGR: <input type="checkbox"/>	d. PEED:	e. Military e-mail Address:
f. TEB Web Date (Transferability Election of Benefits)	g. Home Phone:	h. Work Phone:		i. Alt e-mail Address:

2. BASIC ELIGIBILITY CRITERIA

Read and Initial each item below:

_____ I have completed a minimum of 6 years in the Armed Forces (Active Duty and/or Selected Reserve)

_____ I have served a period of at least 90 aggregate days on Title 10 after 10 September 2001.

_____ I will be a member of the Armed Forces (Active Duty or Selected Reserve) on or after 1 August 2009.

3. OBLIGATION ACKNOWLEDGEMENT

Approval of my request to transfer my educational entitlement to my spouse and/or dependent child(ren) obligates me to the following.

I agree to remain in the Armed Forces for the period required as initialed below: **(Read and initial one item as applicable)**

1. _____ I **agree to serve** for 4 years in the Armed Forces from the date of my Transferability Election of Benefits (TEB) web application request as indicated in block 1f above.

2. _____ I am **eligible** for retirement or have 20 qualifying years of service towards retirement on 1 August 2009; no additional service is required

3. _____ I have an **approved** retirement date after 1 August 2009, and before 1 July 2010; no additional service is required

4. _____ I am **eligible** for retirement or will achieve 20 qualifying years of service towards retirement after 1 August 2009, and before 1 August 2010; 1 year of additional service is required from the date of my Transferability Election of Benefits (TEB) web application

5. _____ I am **eligible** for retirement or will achieve 20 qualifying years of service towards retirement on or after 1 August 2010, and before 1 August 2011; 2 years of additional service is required from the date of my Transferability Election of Benefits (TEB) web application

6. _____ I am **eligible** for retirement or will achieve 20 qualifying years of service towards retirement on or after 1 August 2011, and before 1 August 2012; 3 years of additional service is required from the date of my Transferability Election of Benefits (TEB) web application

4. STATEMENT OF UNDERSTANDING

I understand that:

If I am involuntarily precluded by either standard policy (Service or DoD) or federal statute from completing the additional years of service obligation then I agree to serve for the maximum amount of time allowed by such policy or statute and will maintain entitlement for transferability.

This service agreement runs concurrently with any remaining obligated service time.

This service agreement does not obligate the military service to retain me on active duty or in the Selected Reserve.

This agreement may be fulfilled on active duty or in the Selected Reserve.

Failure to complete this service agreement due to my own accord will lead to termination of my entitlement for transferability and may create an overpayment by the Department of Veterans Affairs for any payments made after my date of termination.

If I do not complete my service obligation it is my responsibility to contact the Army National Guard GI Bill Support Team at 866-628-5999, or email at mgib.support@us.army.mil regarding potential GI Bill recoupment action.

My dependent(s) and I are jointly liable for any overpayments due to my not fulfilling this agreement.

I may transfer up to 36 months (or my remaining months of entitlement, whichever is less) of my education benefits to spouse and/or child(ren) while I am currently serving in the Armed Forces, and once the election is made I can modify or revoke my election at any time.

I understand due to the length of my active duty time I may not be eligible for the 100% Payment Rate listed on the Department of Veterans Affairs website at <http://www.gibill.va.gov>

My spouse may use the benefits immediately and child(ren) (ages 18-26) after I have served 10 years in the Armed Forces.

5. SERVICEMEMBER

a. TYPED OR PRINTED NAME (LAST, First, Middle Initial)	b. Grade / Rank	c. Signature	d. Date (yyyymmdd)
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Distribution:

- Original to service record
- Copy to servicemember
- Copy to file